

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039437

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 195 Primary Registration District No. Registrar's No. 68-62 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY M'Donald b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Noel c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South of Noel		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Benton c. CITY OR TOWN Gravette d. STREET ADDRESS (If outside, give location) Unknown	
3. NAME OF DECEASED (Type or print) First Dallas Middle Eugene Last Carey		4. DATE OF DEATH October 12 1962	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-23-1937
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
11. BIRTHPLACE (City and state or country) Jay, Oklahoma		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Walter Carey		13b. MOTHER'S MAIDEN NAME Maud (unknown)	
14. NAME OF HUSBAND OR WIFE Neva Jean Carey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Neva Jean Carey		17. ADDRESS Gravette, ARK.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Possible Broken Neck + Internal Injuries DUE TO (b) Car Accident DUE TO (c) Investigated By CACT Bradley - Deputy Coroner PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY 3:40 a.m. Oct. 12, 1962		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2.7 Miles South of Noel, Ark.	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Noel COUNTY M'Donald STATE Mo.	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mary A. Bradley Registrar		22b. ADDRESS Pineville, Mo.	
22c. DATE SIGNED 10/15/62		22d. LOCATION (City, town, or county) (State) Grove Oklahoma	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 12, 1962	
23c. NAME OF CEMETERY OR CREMATORY Olympic Cemetery		23d. ADDRESS Grove	
24. FUNERAL DIRECTOR Wayne Woodard		25. DATE RECD. BY LOCAL REG. 10/15/62	
26. REGISTRAR'S SIGNATURE Mary A. Bradley			

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wayne A. Woodward

Licensed Embalmer No.

5172

P. O. Address

Deer, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Removal Permit Issued Oct. 12, 1962